

T-NET CREDIT CARD PAYMENT FORM

Please complete the following information, then sign and return this form to us by fax.

PAYMENT INFORMATION

COMPANY NAME

TYPE OF PURCHASE

PAYMENT OF INVOICE

NEW PURCHASE

INVOICE NUMBER (IF APPLICABLE)

\$

PAYMENT TOTAL (INCLUDING GST)

TYPE OF CREDIT CARD

VISA

MASTERCARD

AMERICAN EXPRESS

CREDIT CARD NUMBER

EXPIRY DATE

NAME OF CARDHOLDER

CARDHOLDER ADDRESS

CITY

POSTAL CODE

CONTACT PHONE NUMBER

AUTHORIZED SIGNATURE

TITLE

DATE

Please return signed copy by fax: 604-899-4186.

